



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
By Carol Day at 8:20 am, Oct 03, 2013  
REF 011107

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 026999	PRINTER SN 13.1891.096	DATE OF INSPECTION 10-02-2013
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. JOSEPH, MO		TIME OF INSPECTION 1832

**CHECKLIST:** Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER AIR GAS LOT # AG300201 EXP. DATE 01/02/2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE  
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE  
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .099	TEST 2 - .098	TEST 3 - .098
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☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	(OVER .19) 0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME ROBERT PAUL
TYPE II PERMIT NUMBER/EXPIRATION DATE 220353 10-10-14	TELEPHONE NUMBER 816-271-4777

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

Customer Name

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 026999  
Version no: 7489

TEST RECORD 01307 s/  
Temp Date Time 210L

Air Blank:  
10/02/13 18:32 .000  
Calibration Check:  
20 10/02/13 18:32 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Ann*  
Location

AS IV Serial no: 026999  
Version no: 7489

TEST RECORD 01308 s/  
Temp Date Time 210L

Air Blank:  
10/02/13 18:34 .000  
Calibration Check:  
21 10/02/13 18:34 .098

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Ann*  
Location

AS IV Serial no: 026999  
Version no: 7489

TEST RECORD 01309 s/  
Temp Date Time 210L

Air Blank:  
10/02/13 18:37 .000  
Calibration Check:  
22 10/02/13 18:37 .098

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Ann*  
Location

AS IV Serial no: 026999  
Version no: 7489

TEST RECORD 01310 s/  
Temp Date Time 210L

Void: RFI  
12 10/02/13 18:39

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Ann*  
Location

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



ROBERT L PAUL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/10/2012

Number 220353

Expires 10/10/2014

Director of State Public Health Laboratory

Director, Department of Health